

**Jim Doyle**  
Governor

**Roberta Gassman**  
Secretary

**Frances Huntley-Cooper**  
Division Administrator



**State of Wisconsin**  
**Department of Workforce Development**

**WORKER'S COMPENSATION**

201 East Washington Avenue  
P.O. Box 7901  
Madison, WI 53707-7901  
Telephone: (608) 266-1340  
Imaging Server Fax: (608) 260-2503  
Fax: (608) 267-0394  
<http://www.dwd.state.wi.us/wc/>  
e-mail: [dwddwc@dwd.state.wi.us](mailto:dwddwc@dwd.state.wi.us)

October 6, 2003

TEST INSURER 1  
C/O TEST INSURER 1  
ONE MAIN ST  
MADISON WI 53703

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/98  
EMPLOYEE: SIMPLE, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US  
PLEASE USE WC CLAIM NO.

Our calculations of the disability amounts due and record of payments for this claim are shown below. Please pay the balance due promptly and confirm that your payment has been made by submitting an amended Supplementary Report, WKC-13. We prefer submission by using the Internet Pending Reports. If you disagree with our calculation of the amount due and have paid a different amount, please explain the basis for your payment on the amended WKC-13.

Failure to respond to this request within 30 days may result in sanctions by the Worker's Compensation Division under ss. 102.28(2)(c) or 102.31(3), Wis. Stats., or by the Office of the Commissioner of Insurance under s. 601.64 Wis. Stats., or both.

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WKC-77-E (R. 09/2002) WC77